

Opioid Pilot Staffing Guide

(To be completed by referring Agent)

Offender Name:_____

DOC Number:_____

Referring Agent:_____

Opioid Pilot Agent:_____

Inform offender of program (i.e. length, side effects, reporting instructions, etc.)

Is offender motivated? Y/N

Is offender at risk of relapse? Y/N

Offender's drug of choice: _____

Sign releases (Treatment Provider and doctor)

Currently in AODA treatment? Y/N Location:_____ Type of Program (IOP/Relapse/Aftercare etc):_____

Offender has insurance? Y/N Type: _____

Complete 1336 for contracted treatment provider if not in programming.

Program length expectation is 1 year, but must have more than 6 months remaining on supervision. Discharge date: _____

Must be opiate free 10 days prior to start of program. Must be Methadone/Suboxone free for up to 2 weeks.

UA results: _____ Panel: _____ Date: _____

Transfer to Opioid Pilot Agent for duration of Pilot. Will return to sending agent upon withdrawal or rev depending on length in program.

Contact Mike Meulemans or Michelle Timm with questions.

